

Our Reference: 04073.P005

Patent

CIRCUIT EMULATION SERVICE OVER AN INTERNET PROTOCOL NETWORK

Inventors: Chi Fai Ho et al.

Respectfully submitted,

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP



Robert A. Diehl

Reg. No. 40,992

"Express Mail" mailing label number: EL034433093US

Date of Deposit: August 19, 1999

I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231

Michelle J. Turner

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8-19-99

(Date signed)

Serial/Patent No.: Not yet assigned	Filing/Issue Date: 8/19/99
Client: Amber Networks, Inc. (Chi Fai Ho et al.)	
Title: Circuit Emulation Over AN Internet Protocol Network	
BSTZ File No.: 04073.P005	Atty/Secty Initials: RAD/mjt
Date Mailed: 8/19/99	Docket Due Date: ****
The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:	
<input type="checkbox"/> Amendment/Response (____ pgs.)	<input checked="" type="checkbox"/> Express Mail EL034433093US <input checked="" type="checkbox"/> Check No. 336749
<input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate)	<input type="checkbox"/> _____ Month(s) Extension of Time Amt: \$838.00
<input checked="" type="checkbox"/> Application - Utility (27 pgs., with cover and abstract)	<input checked="" type="checkbox"/> Information Disclosure Statement & PTO 1449 (3 pgs.) <input type="checkbox"/> Check No. _____
<input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.)	<input type="checkbox"/> Issue Fee Transmittal Amt: _____
<input type="checkbox"/> Application - Rule 1.53(b) Divisional (____ pgs.)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application - Rule 1.53(b) CIP (____ pgs.)	<input type="checkbox"/> Petition for Extension of Time
<input type="checkbox"/> Application - Rule 1.53(d) CPA Transmittal (____ pgs.)	<input type="checkbox"/> Petition for _____
<input type="checkbox"/> Application - Design (____ pgs.)	<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Application - PCT (____ pgs.)	<input type="checkbox"/> Power of Attorney (____ pgs.)
<input type="checkbox"/> Application - Provisional (____ pgs.)	<input type="checkbox"/> Preliminary Amendment (____ pgs.)
<input type="checkbox"/> Assignment and Cover Sheet	<input type="checkbox"/> Reply Brief (____ pgs.)
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Response to Notice of Missing Parts
<input checked="" type="checkbox"/> Declaration & POA (5 pgs.) unsigned	<input type="checkbox"/> Small Entity Declaration for Indep. Inventor/Small Business
<input type="checkbox"/> Disclosure Docs & Orig & Copy of Invention Signed Letter (____ pgs.)	<input checked="" type="checkbox"/> Transmittal Letter, in duplicate
<input checked="" type="checkbox"/> Drawings: 8 # of sheets includes 8 figures	<input checked="" type="checkbox"/> Fee Transmittal, in duplicate
<input checked="" type="checkbox"/> Other: Separate sheet with attorney's signature and certificate of mailing (1 page with duplicate); copies of three (3) cited refs.	



Please type a plus sign (+) inside this box [+]

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 04073.P005

Total Pages 2

First Named Inventor or Application Identifier Chi Fai Ho

Express Mail Label No. EL034433093US

ADDRESS TO: **Assistant Commissioner for Patents**
Box Patent Application
Washington, D. C. 20231



APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification (Total Pages 27)
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claims
 - Abstract of the Disclosure
3. ☒ Drawings(s) (35 USC 113) (Total Sheets 8)
4. ☒ Oath or Declaration (Total Pages 4) Unsigned
 - a. ☐ Newly Executed (Original or Copy)
 - b. ☐ Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed) (**Note Box 5 below**)
 - i. ☐ DELETIONS OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. _____ Assignment Papers (cover sheet & documents(s))
9. _____ a. 37 CFR 3.73(b) Statement (where there is an assignee)
_____ b. Power of Attorney
10. _____ English Translation Document (if applicable)
11. X a. Information Disclosure Statement (IDS)/PTO-1449
 X b. Copies of IDS Citations
12. _____ Preliminary Amendment
13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. _____ a. Small Entity Statement(s)
_____ b. Statement filed in prior application, Status still proper and desired
15. _____ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. X Other: Certificate of Mailing, including attorney signature and copy of post card.

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
____ Continuation ____ Divisional ____ Continuation-in-part (CIP)
of prior application No: ____

18. **Correspondence Address**

____ Customer Number or Bar Code Label _____
(Insert Customer No. or Attach Bar Code Label here)

or

X Correspondence Address Below

NAME Rober A. Diehl, Reg. No. 40,992

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Express Mail Label: EL034433093US



FEE TRANSMITTAL

EXPRESS MAIL NO. EL034433093US

Complete If Known:

Application No. Not Yet Assigned
Filing Date August 19, 1999
First Named Inventor Chi Fai Ho
Group Art Unit Not Yet Assigned
Examiner Name Not Yet Assigned
Attorney Docket No. 04073.P005

METHOD OF PAYMENT (check one)

1. ☒ [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666
Deposit Account Name _____

- ☒ [X] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ [] Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.131(b)

2. ☒ X Payment Enclosed
☒ X Check
☐ Money Order
☐ Other

FEE CALCULATION (fees effective 10/01/97)

1. FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	760	201	380	Utility application filing fee	760.00
106	310	206	155	Design application filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional application filing fee	
SUBTOTAL (1)					\$ 760.00

2. CLAIMS

			Extra		Fee from below		Fee Paid
Total Claims	<u>19</u>	- 20 =	<u>0</u>	X	<u>18.00</u>	=	<u>00.00</u>
Independent Claims	<u>4</u>	- 3 =	<u>1</u>	X	<u>78.00</u>	=	<u>78.00</u>
Multiple Dependent Claims				X		=	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of twenty	
102	78	202	39	Independent claims in excess of 3	78.00
104	260	204	130	Multiple dependent claim	
109	78	209	39	Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$ 78.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	400	216	200	Extension for response within second month	
117	950	217	475	Extension for response within third month	
118	1,510	218	755	Extension for response within fourth month	
128	2,060	228	1,030	Extension for response within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive unavoidably abandoned application	
141	1,320	241	660	Petition to revive unintentionally abandoned application	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (see 37 CFR 1.129(a))	

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 00.00

*Reduced by Basic Filing Fee Paid

TOTAL AMOUNT OF PAYMENT (\$) \$ 838.00

SUBMITTED BY:

Typed or Printed Name: Robert A. Diehl
 Signature Robert A. Diehl Date 8/19/99
 Reg. Number 40,992 Deposit Account User ID _____
 (complete if applicable)